COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER

2274/47985

(includes Reference to PCT International Applications)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PEPTIDE CONJUGATES FOR THE STABILIZATION OF MEMBRANE PROTEINS AND INTERACTIONS WITH BIOLOGICAL MEMBRANES

the specific	cation of wh	ich (check only one item below)	:	
[] is	is attached hereto.			
Se or A	was filed as United States application Serial No. on And was amended on (if applicable).			
N oı ar	umber nd_was amen	CT international application PCT/CA00/00773 29 June 2000 ded under PCT Article 19 (if applicable).		
		ve reviewed and understand the cany amendment referred to above		fied specification, including the
		to disclose information which is 7, Code of Federal Regulations.		on of this application in
patent or in the United inventor's of States of A	nventor's cer States of Ar certificate or	nerica listed below and have also any PCT international application by me on the same subject matte	nal application(s) designation identified below any foreion(s) designating at least or	ng at least one country other than gn application(s) for patent or ne country other than the United
		GN/PCT APPLICATION(S) AN	D ANY PRIORITY CLAIN	MS UNDER 35 U.S.C. 119:
	NTRY licate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United	States	60/140,988	29 June 1999	[X] Yes [] No
				[] Yes [] No
				[] Yes [] No
				[] Yes [] No

Combined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY'S DOCKET NUMBER 2274/47985 (includes Reference to PCT international Applications 1 * I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national of PCT international filing date of this application: PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120 U.S. APPLICATIONS STATUS (Check one) U.S. APPLICATION PATENTED PENDING **ABANDONE** U.S. FILING DATE NUMBER PCT APPLICATIONS DESIGNATING THE U.S. PCT PCT FILING U.S. SERIAL NUMBERS APPLICATION NO DATE ASSIGNED (IF ANY) POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Herbert I. Cantor, Reg. No. 24,392; James F. McKeown, Reg. No. 25,406; Donald D. Evenson, Reg. No. 26,160; Joseph D. Evans, Reg. No. 26,269; Gary R. Edwards, Reg. No. 31,824; and Jeffrey D. Sanok, Reg. No. 32,169 Send Correspondence to: Direct Telephone Calls to: (name and telephone number) Crowell & Moring, L.L.P. P.O. Box 14300 Washington, D.C. 20044-4300 (202) 624-2500 **FULL NAME OF** FIRST GIVEN NAME SECOND GIVEN NAME FAMILY NAME **INVENTOR** PRIVE Gil STATE OR FOREIGN COUNTRY, COUNTRY OF CITIZENSHIP **RESIDENCE &** CITY CITIZENSHIP Ontario (Canada) Canada Toronto 201 POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY POST OFFICE CITY Ontario M4P 1V9 Canada **ADDRESS** 266 Broadway Ave. Toronto FIRST GIVEN NAME SECOND GIVEN NAME **FAMILY NAME FULL NAME OF INVENTOR** RESIDENCE & CITY STATE OR FOREIGN COUNTRY **COUNTRY OF CITIZENSHIP CITIZENSHIP** 202 POST OFFICE POST OFFICE ADDRESS **CITY** STATE & ZIP CODE/COUNTRY **ADDRESS** SECOND GIVEN NAME **FULL NAME OF FAMILY NAME** FIRST GIVEN NAME **INVENTOR** COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY **RESIDENCE &** CITY CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE POST OFFICE ADDRESS CITY **ADDRESS** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR 203 EXF INVENTOR 201 SIGNATURE OF INVENTOR 202

Date

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